



A Public Service Agency

NEW REPORT OF SALE, REG 397 ORDER FORM

Instructions: Print clearly in black ink or type. This order form will only be accepted for ordering New Report of Sales. Separate order forms are available for each type. Any changes made to this order form for a different type will **not** be accepted.

Please send _____ New Report of Sales to:
NUMBER OF SHEETS

FIRM NAME	FIRM NUMBER
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FIRM ADDRESS

CITY	STATE	ZIP CODE
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MAIL TO ADDRESS (Only if authorized by DMV)

CITY	STATE	ZIP CODE
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OWNER'S NAME (Print)	TITLE
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OWNER'S SIGNATURE

AREA CODE/TELEPHONE NUMBER	DATE
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DEPARTMENTAL USE ONLY

BEGINNING NUMBER	ENDING NUMBER	REISSUED
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BEGINNING NUMBER	ENDING NUMBER	REISSUED
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OFFICE/REGION	DATE
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ISSUING EMPLOYEE'S SIGNATURE/NUMBER

RECEIVED BY	DATE
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Note: Courier Service ships all orders. Someone must be present to receive and sign for shipment. Allow 4 – 6 weeks for delivery.

Important: If the above address differs from departmental records, this order will **not** be filled. Contact your local Inspector for assistance with your change of address.

**Please place completed and signed order form
in an envelope and mail to:**

Department of Motor Vehicles
Occupational Licensing Section
MS - L224
P.O. Box 932342
Sacramento CA 94232-3420